

BAKER DECLARATION

EXHIBIT E

Northwest Detention Center Refusal to Work Form

Date: _____

Detainee Name: _____

A#: _____

Housing Unit: _____

Officer's Name: _____
(Print) (Signature)

If a detainee refused to work his or her assigned shift for medical reasons, then this form must be turned in to Medical and the detainee is not allowed to go back to work until medically cleared.

Medical (forward form to Classification Officer when completed)

☐ Detainee cleared for duty in Kitchen

Or

☐ Detainee NOT cleared for duty in Kitchen

Date: _____ Signature: _____

Printed Name _____

This section must be used if detainee REFUSES to work their assigned voluntary work detail. The form is to be forwarded to the Classification Officer.

☐ Detainee refuse to work _____ his / her assigned detail.
(assignment)

Detainee Signature: _____

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